#### NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Primary Care Cooperative Agreement **STATUTORY AUTHORITY:** 

Public Health Service Act, Section 333D,

Public Law 100-177

GRANT PROGRAM NO. 05-50-CHS TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To assist members of the Primary Care Association in preparation of health professional shortage area applications, conduct primary care needs assessments, which are regional specific to Primary Care Association members' needs and also target Urban Coordinating Council (UCC) cities designated by the Department of Community Affairs. To assist in recruitment and retention of National Health Service Corps Providers specific to target member and UCC service areas. Continuous award is based on satisfactory progress.

### AMOUNT OF MONEY IN THE GRANT PROGRAM:

The amount of award: Approximately \$84,000. The availability of funds for this grant is contingent on federal appropriation from the Bureau of Primary Health Care for Community Development activities.

## ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant.

### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

New Jersey Primary Care Association

## QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Ability to coordinate the development and expansion of primary health care delivery system capacity with members and UCC cities. Knowledge of Division of Shortage Designation regulations and guidance.

### APPLICATION PROCEDURES:

- 1. Contact the Office of Director.
- 2. Submit a Letter of Intent to program.
- 3. Prepare Grant Application.

# FOR INFORMATION CONTACT:

Office of Director

Maternal, Child, and Community Health Services

50 E. State Street **TELEPHONE:** (609) 292-3020

P.O. Box 364 FAX: (609) 292-3580

Trenton, NJ 08625 -0364 E-MAIL: linda.anderson@doh.state.nj.us

## DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Application to be received by January 1.

### DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified by March 1 for grants staring April.